

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11		10					61						
12		10					62						
13							63						
14							64						
15							65						
16							66						
17							67						
18	1						68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25	1						75						
26							76						
27							77						
28							78						
29							79						
30		5					80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42	1						92						
43							93						
44							94						
45	1						95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	0						TOTAL IND.						
TOTAL DEP.	69						TOTAL DEP.						
TOTAL CLAIMS	75						TOTAL CLAIMS						

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